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APPLICANTS

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* CONTINUING DATA *****

NONE (MM)

* FOREIGN APPLICATIONS *****

NONE (MM)

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oreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 4	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 5
5 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
erified and Acknowledged Examiner's Signature: [Signature] Initials: MM				

ADDRESS

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TITLE

Random access memory with optional column address strobe latency of one

FILING FEE RECEIVED 1266	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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